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ATTORNEY DOCKET NO. 4005-0261 PUS 1

PLEASE NOTE: YOU MUST

## OCT 03 200 8 COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

·	As a below named inventor, I hereby declare verily believe that I am the original, first and (if plural inventors are named below) of the	sole inventor ( if only	one inventor is named below	() or an original first and joint income
Insert Title:	AN ELECTROMAGNETIC VA		_	ANENT MANET
	the specifications of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:			
Fill in Appropriate Information - For Use Without Specification Attached:	the specification was filed on			as
	United States Application Number			
	and amended on			
	the specification was filed on	-December	19, 2003	as PCT
	International Application Number	PCT/FR03/	/003808	; and was
	amended on			(if applicable)
	I hereby state that I have reviewed and use by any amendment referred to above.  I acknowledge the duty to disclose inform §1.56.  I do not know and do not believe the set thereof, or patented or described in any primprior to this application, that the same was not application, that the invention has not been application in any country foreign to the Unit more than twelve months (six months for defonthis invention has been filed in any countrepresentatives or assigns, except as follows.  I hereby claim foreign priority benefits or inventor's certificate listed below and have a filing date before that of the application or	mation which is material ame was ever known of the publication in any soft in public use or on soft patented or made the ted States of America cosigns) prior to this apputry foreign to the Unit of t	of to patentability as defined in the United States of country before my or our in the United States of Ar subject of an inventor's cere on an application filed by me dication, and that no applicated States of America prior of States Code, §119 (a)-(d) of any foreign application for	of America before my or our invention of America before my or our invention of America before my or our invention overtion thereof or more than one year merica more than one year prior to this etificate issued before the date of this or my legal representatives or assigns tion for patent or inventor's certificate to this application by me or my legal
Insert Priority Information: (if appropriate)	Prior Foreign Application(s)			
	00 16510	ED . WOD		Priority Claimed
	(Number)	FRANCE (Country)	12/23/200 (Month / Day / Year F	*:14\
		•	(	Yes No
	(Number)	(Country)	(Month / Day / Year F	iled) Yes No
	(Number)	(Country)	(Month / Day / Year F	Filed) Yes No
	(New York)			ÖÖ
	(Number)	(Country)	(Month / Day / Year F	Filed) Yes No
Insert Provisional Application(s):	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.			
	(Application Number)			(Filing Date)
	(Application Number)			(Filing Date)
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed more than 12 months (6 months for designs) Prior to the Filing Date of this Application:			
Insert Requested Information: (if appropriate)	Country	A <sub> </sub>	pplication Number	Date of Filing (Month / Day / Year)
Insert Prior U.S.	I hereby claim the benefit under Title 35, United part application(s) listed below and, insofar as the and/or PCT application in the manner provided by information which is material to the patentability filing date of the prior application and the national	subject matter of each o by the first paragraph of as defined in Title 37. O	f the claims of this application if Title 35, United States Code, § Code of Federal Regulations, §1	is not disclosed in the prior United States

(Filing Date)

(Filing Date)

(Status - patented, pending, abandoned)

(Status - patented, pending, abandoned)

(if any)

Insert Prior U.S. Application(s):

(Application Number)

(Application Number)

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

COMPLETE THE FOLLOWING: Full Name of First or Sole Inventor: GIVEN NAME FAMILY NAME INVENTOR'S SIGNAT Insert Name of Inventor DATE\* Insert Date This Christophe 29, June MAERKY Document is Signed 2005 Residence (City, State & Country) CITIZENSHIP Insert Residence 52 rue du Clos du Roi 95310 SAINT-OUEN Insert Citizenship L'AUMONE (France) French MAILING ADDRESS (Complete Street Address including City, State & Country) Insert Mailing Address 52 rue du Clos du Roi 95310 SAINT-OUEN L'AUMONE (France) Full Name of Second GIVEN NAME FAMILY NAME INVENTOR'S SIGNATURE DATE Inventor, if any: see above Residence (City, State & Country) CITIZENSHIP MAILING ADDRESS (Complete Street Address including City, State & Country) Full Name of Third GIVEN NAME FAMILY NAME INVENTOR'S SIGNATURE Inventor, if any DATE: see above Residence (City, State & Country) CITIZENSHIP MAILING ADDRESS (Complete Street Address including City, State & Country) Fuli Name of Fourth GIVEN NAME FAMILY NAME Inventor, if any INVENTOR'S SIGNATURE DATE see above Residence (City, State & Country) CITIZENSHIP MAILING ADDRESS (Complete Street Address including City, State & Country) Full Name of Fifth GIVEN NAME FAMILY NAME Inventor, if any INVENTOR'S SIGNATURE DATE see above Residence (City, State & Country) CITIZENSHIP MAILING ADDRESS (Complete Street Address including City, State & Country) Page 2 of 2 (Revised 01/02) DATE OF SIGNATURE